

THE OPPORTUNITY OF THE NURSE IN PRIVATE DUTY *

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THE subject of this paper covers a broad field, and in the time allotted it will be possible only to touch on a few lines.

The opportunities of a nurse in private duty are many and varied. It has been my experience that the more I have considered the question, the more sides it seemed to take. It is like a prism in the sunlight, which, in turning, shows different lights and colors, sometimes scattering, then again blending. The longer we examine it, the more fascinating we find it. We are always able to find a different light and throw beautiful shadows on the wall. So, like the prism is the life of the nurse. If she be of the right material, and properly cut and trimmed, she will reflect the sunlight and brightness into the dark and gloomy corners of the lives of the people.

In the addition of the department devoted to the exclusive interests of private nurses, the AMERICAN JOURNAL OF NURSING has scored a strong point. This fills a long-felt want. Nurses who have been doing private work for years, almost without realizing it get into a rut. We should each make a special effort to guard against this. We have so little opportunity to mingle with others of our profession, but often on duty, when our patient has callers or is sleeping, we can pick up the JOURNAL and find something interesting, as well as helpful. It will be refreshing on some still midnight watch, to find a sketch from another nurse, like ourselves, telling of her experiences. It will be almost like a letter, or a heart-to-heart talk with a friend. We almost forget, at times, that there are other nurses in the world. We imagine that no one can do quite as well as we. This is a very mistaken idea. It may do very well for a while, but in after years we will find ourselves pushed back, and newer nurses, fresh from the training-schools, taking our places. It behooves us then to keep well informed. There are always new ideas coming up, and we should make a strenuous effort to keep abreast of the times. Let us not drop back in the ranks. Remember that the road to success is labeled "Push."

Those who have not already subscribed to some nursing journal, should lose no time in doing so. I think no nurse can afford to be without it. There are many nursing journals, and very good ones.

*Read at the meeting of the Indiana State Nurses' Association.

But the AMERICAN JOURNAL OF NURSING is the only one edited and carried on entirely by nurses. So it is only natural that it should stand at the head of the list.

The life of the physician is a noble one, carrying life and hope about with him. Forgetting sometimes to eat or sleep, in his anxiety over some patient under his care, he certainly is doing his part in the great problems of life.

Leaders in philanthropic societies are doing wonderful things in educating the people; and in their faithfulness and zeal wonderful developments are opening and progressing along our line of work. The visiting nurse, for instance; the settlement nurse among the poor; the public-school nurse, alleviating and preventing sickness among all classes of children; also the growth of the hospitals and sanatoria for tuberculosis.

But it falls to the nurse in private duty to discover the little things that are often the causes of disease. And isn't it the proficiency in the little things that, in a great measure, makes the nurse the power in the household that she is?

Surely there is no one who is nearer to the heart of the family than the nurse. We are always receiving confidences from our patients or members of the household, some not altogether pleasant, but others that fill us with gratitude that we are allowed to hear. The old saying that "It is better to be a good listener than a good talker" is especially true of the nurse.

It is not of much interest to us how old Johnnie was when he had the mumps, or how many times he has cut his finger. It is often tiresome to listen to a long category of aches and pains, but it is not wise to show our feelings. Some people can't understand that we care for anything outside of the sick-room, and make a special effort to give us the history of every case of influenza or lumbago that has occurred in the family.

On entering a home, the first thing necessary is to gain the confidence of the patient as well as the household. If we fail to obtain this confidence, our services are not of much value.

One of our most successful physicians said once in a little talk to our nurses, that on first entering the sick-room we should be "all-wise." I think that has helped me more than any other one thing in my work. For without the appearance of confidence in ourselves, we cannot inspire it in others.

We are often, then, able to drop suggestions about conditions which really needed attention, but we have no right to demand changes outside of the sick-room, and it would do little good if we did.

Many families of to-day are alive to the sanitary laws, and there seems little need for our help in this direction. But even in well-regulated families there are often little things very improper and unsanitary. The family drinking-cup, for instance. Many people who wouldn't think of drinking tea or water at the table after others, will use the common cup hanging at the hydrant or the well, which perhaps for days has not been washed. In the suburbs or the country, where the water is brought in a pail to the house, one will often see the children clamber up to the pail, get the dipper brimful, drink a few swallows, and then drop the remainder with the dipper back into the pail. This is unsanitary, under any circumstances, but supposing one member of the family has a chronic case of throat trouble, or even a tubercular tendency, then it becomes absolutely dangerous. I believe that many hereditary diseases might be attributed to this cause and similar ones.

There are many times that we would not be able to do any good, but often with a little diplomacy and ingenuity we can eliminate the little things and so assist in a small way what the large organizations are trying to accomplish. If all the nurses in the United States would band together to make war against the little things, what a revolution our country would undergo. And perhaps some of us would have to wash dishes. But there are so many new avenues opening all the time along lines of our work that there is little danger that employment for all will not continue.

There is one class of people among whom our efforts will be the most fruitful. We nearly all have experience with them. Families who are in comfortable circumstances, yet have no knowledge of what is transpiring outside of their immediate community. Their library will often consist of the German Bible, and one or two detective stories.

An experience of this kind came to my notice. A nurse was called, and on her arrival found six members of the family with typhoid. The house had been converted into a hospital, and a summer kitchen served as kitchen and dining-room and general assembly room. During the night, on hurrying from the kitchen, the nurse missed her footing and fell, spraining her ankle, which necessitated her return home the following day. Some of her friends treated this as a joke, inferring that it was intentional on her part. But this was not the case, for she was interested, and would certainly have stayed if the accident had not occurred. However, one of the doctors, not the one on the case, consoled her by saying he was glad it did occur.

He thought an accident of that nature less serious than a siege with typhoid. On asking about the sanitary conditions he said the typhoid infection was probably carried by flies.

Before her arrival each patient had had a daily bath, as well as a change of bed-linen. The carpets had all been taken up, and the floors were frequently scrubbed. The well was too deep to cause trouble; the cows had been examined and found in good condition, but the air was black with flies. There was an attempt at mosquito netting at the windows in the house, but in the shed of a kitchen, the flies had full sway. At the table, one of the women kept a cloth swaying over the food with one hand while she ate with the other, but when she needed both hands, or for any reason she had to leave, the flies would gather in swarms on the food.

A short time after this, another nurse was sent to the same community to care for four typhoids in one family. It is quite possible that some of the same flies that were at the first place had found their way to the second.

Of course, it is hard to keep free from flies, but it would certainly have been vastly better to have fought them all summer than to have that terrible siege. Suggestions from a nurse about screens, tangle-foot, the care of scraps and slops, and general cleanliness, would be taken more kindly than any demands made by the health officer.

Above all, let us insist upon fresh air. Why is it that so many people are afraid of the pure, sweet air? Primitive man had plenty of it. The Indian sat in his wigwam on the cold winter's day with the air creeping under the edges of his tent, or seeping through holes of the rough skins, and he was hardy and healthy. Yet civilization brings with it the fear lest some cold air shall get into our houses. This is a point on which we should all stand firm, and by all means have fresh air. Often we have surrounded our patient with hot-water bottles and spread extra blankets from his chin to his toes, then opened wide the windows and let the air sail through the room. Many a time, some member of the family has been horrified at this procedure; but after a few repetitions, with no harm done, their fears will be somewhat allayed, and especially will the patient enjoy his outing. The prejudiced aunt or grandmother may put on her thinking-cap and decide that after all perhaps you did know best. Your patient will nearly always be of your mind.

And with fresh air comes sunshine. Open the blinds and flood the rooms with sunshine. Our health is of more importance than carpets and rugs.

Then let us have clean bed-linen; clean towels on the dressers and tables. Nothing delights a patient more than to be clean and to see clean things about him. In South Bend twenty-five flat pieces can be laundered for 25 cents; then is there any excuse for us to be saving of laundry bills? Isn't this one of the things that distinguishes our profession of to-day from the Sarah Gamp idea?

We should always keep in mind that we owe a duty to our profession, and assist in ennobling and up-building it as our predecessors have done. We should have a higher aim than simply what we can get out of it. There are others yet to come, and it is our duty to help pave the way for them. Much has been done to make our way easier.

Many times we are the first nurses in the home. We should endeavor to do our best, for so much depends on first impressions. Families who have already employed trained nurses always hail the coming of a nurse with delight, if their previous experience has been satisfactory. They feel that the care and responsibility is greatly lessened. It is a momentous question for friends to leave their loved ones to strangers. Therefore, it is a terrible thing for us not to do our best and live up to our colors.

Right here, I would like to plead for personal cleanliness, a most necessary virtue for a nurse. We cannot preach sanitation, or cleanliness, to others, without those attributes ourselves. One lady speaking of a nurse she had employed, said she "couldn't endure her, she was too sloppy." We hate to hear these things about our fellow nurses. The article in a recent JOURNAL, about wearing the uniforms on the street, is one for us to consider, for it stands to reason that it would be more proper to keep our clothes free from the contamination of the streets. And it would be better to keep the uniforms for the house alone, especially in surgical and obstetrical cases. Of course, this involves more trouble and time. So let us turn our attention to the making of our uniforms, as well as our street clothes, and discover the best methods for a speedy toilet.

One gentleman on hearing the subject of this paper, said, "I think one of the greatest opportunities of a nurse is in using mental suggestion." It is a strong point, and should be cultivated. The patient's mind is weak, as well as the body, and can scarcely help being influenced by a strong mind. Keep the mind as free from worry as possible. The sight of the calm face of the nurse is reassuring, and it is always wise in severe cases to keep any from the sick-room who are apt to disturb the patient. If you need an assistant, choose the least excitable one of the family. Impress upon that one the necessity of quiet and cheerfulness.

It is hard when we are worn and tired, and escape from the sick-room for a few moments, to be pounced upon by anxious friends, who pelt us with questions, begin to shed tears, and often try to collapse in our arms. We must remain calm, and reassure them as best we can. But we must save our best strength for the sick-room.

Another physician's suggestion, as to our attitude toward the help in the house, I have always remembered,—that we should be agreeable, and not make any more work than is necessary. A nurse is only in the house a short time, and it quite upsets the family when we make it so unpleasant that the servants are apt to leave. The mistress of the house, especially if she is the patient, cannot afford to lose a good maid. It is not necessary for us to be intimate with them, but we should treat them with respect.

A nurse should be capable of adapting herself to all families. We are called among all kinds of people. We should take things as we find them, and not show surprise or the repulsion that we might feel.

We should not only remain loyal to the physician, but we should in every way possible assist him. The physician's life is even harder than ours, and it is our duty to lighten his burden when we can. If we have had an extremely hard case, when it is over we can slip away and hide ourselves for a few days, while the physician has to remain at the daily grind, and probably will have another case equally as serious as ours, and oftentimes he cannot ask the patient to employ a nurse. The physician has always been our most loyal friend. So let us reciprocate and remain loyal to him.

Then we owe a duty to each other. We are nurses, and all free Americans, and have equal rights. Let us be loyal to each other. Our association work and state registration is bringing about a closer relationship and breaking down the barriers of jealousy and prejudice between different schools.

One lady that I have recently been with told about a time when three nurses were employed in her family, each one having a different patient, and each one a graduate of a different school. They scrapped, as she expressed it, all of the time. One wouldn't even go up the same stairs as another. An occurrence like that is disgraceful, and a nurse should be above such petty things. It would be far better to be generous and give in to the others than have scenes like that. I am glad to state that this did not occur in Indiana.

The last point I wish to make is "Be cheerful." No one wants a cross nurse about them. Happiness is one of the best antidotes

for microbes. A contented mind is a better digestant than pepsin or charcoal tablets. The nurse should be the last in the household to display a temper. There are many families who can be kind and pleasant enough among acquaintances, but who cannot be suited with anything at home. The nurse, in her nearness to the family, with her sunny presence and gentle ways, cannot help but be an influence in the family circle, as well as to dispel clouds of gloom from the patient's mind. Let us keep in mind those familiar lines:

It is easy enough to be pleasant
When life flows along like a song,
But the man worth while is the man that will smile
When everything goes dead wrong.

AN IDEAL CENTRAL DIRECTORY

By GRACE HOLMES

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[We were most delightfully entertained at the club-house by the St. Paul nurses last fall, and found it to be a most home-like and attractive place, such as the nurses of every city should have.—ED.]

REPLYING to the JOURNAL's request (in the March issue) for information regarding central registries our president has asked me to prepare for publication a brief account of our venture in that field.

In 1898 Miss Thereasa Ericksen, of a Minneapolis training-school (later with the army in Cuba and the Philippines), a nurse of exceptional energy and far-sightedness, started a movement for a central registry. Her reason for doing so was that each St. Paul school had a registry of its own and we, who locally are called "foreign nurses," had nowhere to register except in the drug-store, "Free Directories," with the mixed multitude of "experienced nurses,"—a most unsatisfactory arrangement, as many of our older nurses throughout the states can testify.

Miss Ericksen spent much time and energy in talking up her scheme with physicians and nurses, and aroused sufficient interest to be able to get us together in the fall. We organized the "Ramsey County Graduate Nurses' Association," with a woman physician as president, and about twenty members.